

BEHAVIORAL HEALTH

Quarterly news
and updates from
the Idaho
Department of
Health and Welfare



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IDAHO DEPARTMENT OF
HEALTH & WELFARE

Wrapping up a productive Legislative session

By Division of Behavioral Health

It was a productive legislative session for the Division of Behavioral Health. We'd like to thank all of Idaho's lawmakers for their support of our efforts to improve Idaho's behavioral health system of care. During the 2016 legislative session:

- The division asked for a third

behavioral health crisis center, modeled after successful treatment facilities in Idaho Falls and Coeur d'Alene. Legislators not only approved a third, but included a fourth center in their appropriation. The two new crisis centers are planned for Regions 4 and 5 in southern Idaho. Crisis centers are a humane alternative to jails or hospital emergency departments for people who are having a mental health and/or substance use crisis. Patients in the

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centers are stabilized and connected to community resources to help them effectively deal with their situations and avoid future crisis.

- Twelve new staff positions were approved for the state's psychiatric hospitals, six each to state hospitals North and South. Additional staff will improve staffing ratios and address safety concerns with a patient caseload that is growing more acute. The additional workforce will mostly be direct-care staff to help in the day-to-day management and care of committed mental health patients. The Legislature also approved a modest increase in pay for state hospital psychologists to help with recruitment and retention.
- State Hospital North received \$116,800 for replacement items that include a fire suppression

sprinkler system, an extra capacity passenger van, microscopes, and LED lights to replace current lighting with more efficient bulbs.

- State Hospital South received \$875,200 for various replacement items and alteration and repair projects. The appropriation includes funding for a new pharmacy barcode bulk packager machine, five new vehicles including a minibus with a bariatric wheel chair lift, and maintenance items that include a new telephone speaker paging system, asphalt and electrical work, and sprinkler system replacement. Also included was \$6,300 to install speed control devices around campus.
- The Division's single piece of legislation this year was approved by the Legislature. It was a modification of the Legend Drug Act to extend the

definition of "charitable institution"

to include DHW's Regional Behavioral Health offices.



This allows regional programs to use psychotropic medicines received through a prescription assistance program for patients when prescriptions change.

- A settlement agreement in the 30-year-old Jeff D. lawsuit brought an additional \$2.1 million in funding to the Children's Mental Health program for a new assessment tool to evaluate the functional impairment of a child and to develop and monitor a care plan. The funding also supports the development of a respite care program.

Behavioral Health Program Approval rule takes effect July 1

By Division of Behavioral Health
Effective July 1, 2016, the Division of Behavioral Health will offer a certificate of Behavioral Health Program Approval under IDAPA 16.07.15. While all treatment providers in the publicly-funded BPA Health substance use disorder network are required to have this certificate, it is optional for mental

health providers and providers that are not in the network. The certificate shows that a provider is in compliance with the requirements in the new rule. This new rule replaces the existing substance use disorder facility approval rule, IDAPA 16.07.20, which will be repealed as of July 1, 2016.

IDAPA 16.07.17 – Alcohol and Sub-

stance Use Disorders Services has been updated to include substance use disorders recovery support services and treatment programs and requirements, including: case management; alcohol and drug screening; child care; transportation; life skills; staffed safe and sober housing for adolescents; and staffed safe and sober housing



for adults.
This change is the result of a statewide negotiated rulemaking process that included partnering agencies, contractors, providers, and other system stakeholders. This change will further efforts to integrate Idaho's mental health and substance use disorders systems by establishing uniform requirements

for health, safety, environment of care, and program administration. All behavioral health providers in the state of Idaho will be impacted and should be aware of the changes the new rule brings. Additional information regarding the scope and impacts of this change will be issued before July 1, 2016. For reference, you may find the

proposed rules in the [Idaho Administrative Bulletin](#) on the pages listed below:

- **16.07.15 – Behavioral Health Programs:** Page 157
- **16.07.17 – Alcohol and Substance Use Disorders Services:** Page 178
- **16.07.20 (Repeal) – Alcohol and Substance Use Disorders Treatment:** Page 201

Idaho will soon see more Recovery Community Centers

By Rosie Andueza
Program Manager

In 2013, the Division of Behavioral Health introduced the concept of Recovery Community Centers to Idaho. We worked closely with the Connecticut Community for Addiction Recovery, legislators, local community members, regional behavioral health boards and many others in helping to make recovery centers a reality in our state. Last year, during the 2015 Legislative session, the Millennium Fund

Committee approved start-up funding for four centers across the state (located in Moscow, Emmett, Boise, and Caldwell). During the 2016 session, Recovery Idaho requested additional funds for these centers.

An additional request was made by the Idaho Association of Counties (IAC) for start-up funding for four additional centers, to be located in Lewiston, Coeur d'Alene, Pocatello and Idaho Falls.

Both of these requests were

approved during the 2016 Legislative session.

We want to express our gratitude and appreciation for all of the hard work that went in at the local level to make these requests a reality and we are all excited to see more of these centers in our state.

The Millennium Fund request submitted by Recovery Idaho for funding to help support its role as Idaho's Recovery Community Organization did not make it out of the Millennium Fund Committee.

Youth Empowerment Services: Empowering the mental wellness of children, youth and their families

By Pat Martelle
Project Manager

Significant changes to the children's mental health system of care are underway.

Compelled by the Jeff D. settlement agreement, the Division of Behavioral Health is leading the reform of the children's mental

health program in Idaho in partnership with Medicaid and Child Welfare in a cross-system collaboration with State Department of Education and Idaho Department of Juvenile Corrections. Together, these partners have created the Idaho implementation plan as the state's response to the settlement

agreement.

The new system of care being

developed is

named Youth Empowerment Services (YES), a title derived from the input of various youth groups.

The Idaho implementation plan



describes strategies and tasks necessary for the system of care to operate in a seamless fashion for any child with serious emotional disturbance wishing to access mental health services, no matter how the child first entered the system: through school, child welfare, the courts or through medical or behavioral health providers. Most of the strategies span the four-year implementation

period (2016-2020) and some go beyond this period to ensure sustainability. Strategies address the development of a more robust continuum of care with several new services that are not presently part of the Medicaid benefit package but are targeted to become Medicaid benefits during the implementation period. Strategies also address access issues, communication,

workforce development, quality and governance.

The “YES” project to build the system of care will be more successful with the input of stakeholders from across the spectrum. Anyone who is interested in learning more about this project or becoming involved should contact Pat Martelle at martellep@dhw.idaho.gov

Where is Idaho on the continuum of Behavioral Health integration?

By Gina Westcott

West Hub Administrator

DBH staff conducted onsite surveys on behalf of the [SHIP](#) Behavioral Health Integration Workgroup between October 14 and December 14, 2015. Forty-seven patient-centered medical homes (PCMH) enrolled in the Idaho Medicaid Health Home Program participated. The survey, based on SAMHSA’s [IPAT©](#), assessed behavioral health integration levels (to learn more, click the hyperlink).

A majority of these primary care clinics offered co-located or semi-integrated behavioral health services. Highlights of the survey findings include:

- Primary care physicians provide treatment for mental health issues on a routine basis but not as often for chemical dependency issues.
- 94% of clinics are National

Committee for Quality Assurance (NCQA) recognized, two-thirds coming in at level 3, which is the highest level. About 60% are Federally Qualified Health Centers; one is a Rural Health Center.

- NCQA recognized that clinics offer increased access to behavioral health care (onsite or by referral) and follow up when behavioral health clients miss appointments.
- Community and Rural Health Centers report higher integration of behavioral health into primary care, due in part to funding opportunities.
- Behavioral health screening tools are used but not consistently or routinely for all PCMH patients.
- High use of Electronic Health Records increases ability to access information across



disciplines.

Half of the clinics selected for the [first SHIP project cohort](#) were survey participants. These clinics will continue to integrate behavioral health into primary care practices.

As clinics transition to [PCMH practices](#), behavioral health integration is an expected outcome in the months and years to come.

For an executive summary of the survey, email westcotg@dhw.idaho.gov.

Students in Idaho Falls work to eliminate stigma, raise mental health awareness

By Jon Meyer

Technical Writer

IDAHO FALLS — What started as a sophomore class project at Compass Academy in Idaho Falls has grown into a large community effort to fight the stigma surrounding mental illness.

Morethanastigma.org is just one of the products of the project - a student-produced website dedicated to informing the public and raising awareness that mental illness can affect anyone.

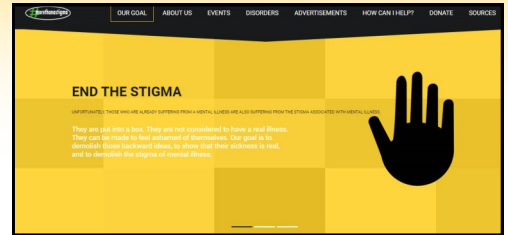
"We wanted to take this opportunity to let them know mental illness can look like a lot of things; it can affect a lot of people," Megan Walker said of her students. Behavioral Studies is a class at Compass Academy combining English with sociology and psychology. Each year, Megan and her co-facilitator, Anna Durfee, educate their students on mental health issues, and this year they encouraged the students take the project a little further.

Their 149 sophomores did more than the facilitators ever could have imagined: They produced the website and started accounts to raise awareness on social media platforms like Facebook, Twitter and Snapchat. They held a community dinner with community leaders to

raise funds and spread information.

They held a benefit concert that raised \$2,500 for the Behavioral Health Crisis Center of East Idaho. And they continue to speak and present to their other local schools to change students' attitude toward mental health, to help them see what they'd learned: People who suffer with mental illnesses deserve to be treated with the same care and compassion as everyone else.

"It was a real eye opener," sophomore Jessi Bright said. "I knew about the diseases, but I didn't realize even though you're suffering with the disease, you are also suffering with the way people treat you when you have the disease." The More than a Stigma project began in November 2015. Students were divided into departments like "logistics," "advertising," "educational outreach," and "community outreach" to split the responsibilities. They were able to launch the website in time for a community dinner in late 2015 that brought together the mayor of Idaho Falls, United Way, the local National Alliance on Mental Illness chapter, the Rotary Club, and local behavioral health stakeholders to raise funds for the project and share their passion with the community.



From the Morethanastigma.org webpage

At the same time, they were creating videos to post to social media sites to encourage others to change their actions toward individuals with mental illness. They were reaching out to other schools and speaking to their district's principals and students.

Sophomore Jacob Rich says More than a Stigma is one of his proudest accomplishments.

"Just because we're so young doesn't mean we weren't able to accomplish a lot," he said.

The project culminated with a benefit concert held Jan. 15. There were informational booths on hand, raffles and a number of speakers who discussed mental health issues between each musical act. After the event, the students were able to donate \$2,500 to the local behavioral health crisis center.

"It got really big and we got a lot of people involved," Anna said.

While the benefit concert may be behind them, the sophomores haven't lost their passion for fighting stigma. They continue to

update their website with information on mental health. They're still speaking to local schools and maintaining their presence on social media. When they talk about their work, you can feel how much they care about fighting the negative myths that surround mental illness. Next year's sophomore class will have

the opportunity to pick up the project where it left off and design their own events. The future is made clear in a statement on the MorethanASTigma.org site: "We have created something we, the community, and hopefully many more will want to take action on. We plan to do as much as we can to help

end the stigma of mental health. It's time to see past the stigma of mental illness."

Want to Learn More?

Visit Morethanastigma.org to learn more about the project. You can also search for **More than a Stigma** on YouTube, Facebook, Twitter, Snapchat and Instagram.

Family Support Partner program underway

By The Idaho Federation of Families for Children's Mental Health

The Idaho Federation of Families for Children's Mental Health (IFFCMH), in collaboration with the Division of Behavioral Health, is rolling out the new Family Support Partner program. This long discussed and eagerly awaited program promises parents with "lived" experience the opportunity to receive training intended to provide them with state certification and potential employment with provider agencies.

Family Support Partners are parents, guardians, or primary caregivers with at least one year experience parenting a child with a diagnosed mental health disorder.

The Family Support Partner is recruited, assessed, and trained by

the Federation's program, certified by the Division of Behavioral Health (*find more certification information in the story below*), and then employed by community based mental health agencies. Certification allows provider agencies to bill Medicaid for service provided by Family Support Partners once they are employed.

The first cohort of 25 parents completed its 40-hour training in the North Hub, with the second cohort currently receiving training in the Southwest Hub. A third training is set to take place in the Southeast Hub in May.

The Family Support Partner role includes: mentoring, advocacy in systems, partnership, skill building, modeling, and providing empathy and connection to the families they work

with. The awesome power of this program is that it taps into the unique power of lived experience and shared journeys. Families often feel isolated, lost, and alone when they are struggling with parenting children with special needs. This program is aimed at the heart of that struggle and provides someone to walk with a parent on their journey — teaching, mentoring, and letting parents know that help is available and they are not alone.

The fee to participate in this program is \$300. Scholarships are available to help cover the cost. To learn more about this program, upcoming trainings, and scholarships, visit the IFFCMH website idahofederation.org or contact the **IFFCMH office at 208-433-8845.**

Certification for Family Support Partners

*By Jennifer Barnett
Program Specialist*

The Division is accepting applications for Family Support Partner certification.

Certification may be granted once the Idaho-approved training has been completed, the applicant passes the

two-part evaluation, and a complete application is submitted with the required documentation.

Certifications granted may be a 6-month provisional certificate or a full certificate based upon submission of required documentation.

For further information and to obtain

an application for Family Support Partner certification, please visit the website.

You may also contact the Oversight committee at PeerSpecCert@dhw.idaho.gov or 208-639-5720 regarding any questions about certification.

Medical shelters can meet mental health care needs during disasters

Division of Behavioral Health and Southwest District Health staff

Southwest District Health has been working in conjunction with the Department of Health and Welfare Region 3 Mental Health field office to provide mental health care to shelterees when disaster strikes and the health district opens a medical shelter.

This process will be tested during a full scale exercise of establishing, staffing, and managing clients in

southwest Idaho's first ever medical shelter on May 9-11, 2016, in Caldwell. Over the last four years the public health districts have been planning for and preparing to establish medical shelters for this vulnerable portion of the population.

Normally in Idaho, the responsibility for sheltering these evacuees falls to the American Red Cross. However, some of the evacuees will require a level of medical or mental health

care above that which can be provided in a general population shelter but do not rise to the severity of requiring hospitalization. Some evacuees will have medical and/or mental health issues that had been stabilized in their home environment, but will be thrown into chaos following a disaster. This portion of the population will fall through the cracks and have nowhere to go. Medical shelters will meet this need in disasters.

\$971K in ongoing funding approved for suicide prevention

*By Linda C. Hatzenbuehler
Chair, Idaho Council on Suicide Prevention*

The year 2015 was a watershed year for suicide prevention in Idaho, and the momentum continues in 2016.

The 2016 Idaho Legislature approved \$971,100 in ongoing funding for suicide prevention efforts in Idaho!

Specifically, the funding will support the following initiatives:

LEADERSHIP: State leadership is necessary for comprehensive, effective and sustainable suicide prevention programs.

Funding Proposal: Development of an Office of Suicide prevention in the Department of Health and Welfare, Division of Public Health

YOUTH TRAINING: Training youth with positive, evidence-based, upstream approaches is the most



effective way to reduce suicide rates over time.

Funding Proposal: Provide more Idaho schools with Sources of Strength Training.

HOTLINES: A sustainable hotline is a critical and necessary component to suicide prevention infrastructure.

Funding Proposal: Fund Idaho's Suicide Hotline to a 60% state funding level.

PUBLIC AWARENESS:

Well-conceived, targeted media campaigns have a positive effect on suicidal behavior.

Funding Proposal: Provide funds to launch a public awareness

campaign indicating that death by suicide is preventable.

To what do we attribute our success? First, the data stands for itself. Six people per week die by suicide in Idaho. Were six people to die for any other single reason, public officials would take action. Second, all of the many advocates for prevention of suicide in Idaho joined together and spoke with one voice. Last, and not least, the influence of the Health Quality Planning Commission (HQPC) and Dr. Robert Polk's leadership was a critical element. Stay tuned, there is more to come!

Pre-Admission Screening Resident Review (PASRR):

What is it and why do we do it?

By Heidi Lasser

Program Specialist

PASRR (Pre-Admission Screening Resident Review) is a term that you may often hear at the Department of Health and Welfare, but if your duties don't include it, chances are you may not have a clue what it is. PASRR is a federally required process that started in 1987 and is shared by three different state agencies: the State Medicaid Authority (SMA), which has ultimate oversight; the State Mental Health Authority (SMHA); and the State Intellectual Disability Authority (SIDA).

PASRR has three major goals:

- 1) to assess individuals before entering skilled nursing facilities to determine any mental illness and/or intellectual disability;
- 2) to determine whether a skilled nursing facility or a community placement level is the appropriate placement level; and
- 3) to ensure that the individuals receive the services they require for their mental illness and/or intellectual disability wherever they are placed.

Although PASRR is a federal requirement, each state has its own PASRR process. PASRR has two components: Level 1 and Level 2. The Level 1 screening is required for

all skilled nursing facility applicants before they can be admitted to a nursing facility. In Idaho, the regional Nurse Reviewers in the State Medicaid Authority-Bureau of Long Term Care complete this. This is to check goals 1 and 2. Any individuals with even a suspected mental illness or intellectual disability diagnosis, and who meet the medical level of care for a skilled nursing facility, are sent on to the second component, Level 2.

When a PASRR is sent to Level 2, it goes to the State Mental Health Authority, which in Idaho is the Division of Behavioral Health. Each client's case is reviewed to determine their individual mental health needs for specialized services funded by Medicaid, or specialized rehabilitative services funded by the skilled nursing facility, to maintain optimum functioning during their stay and throughout their transition and reintegration into the community, if applicable. The State Mental Health Authority team may also determine that a further Mental Illness Evaluation is needed in some cases to make this determination. In those cases, the PASRR is sent to a Regional PASRR clinician. The



clinician conducts a face-to-face evaluation, and makes recommendations for specialized services and specialized rehabilitative services to the State Mental Health Authority. The State Mental Health Authority makes the final determinations and authorizes any services the client needs. If the client has an intellectual disability, this same process occurs on the State Intellectual Disability Authority side, with the Bureau of Long Term Care starting the Level 1 process. If a client has been in a skilled nursing facility and there is a significant change in medication, symptoms, or diagnosis, then the case is sent through exactly the same process, but this is called a Resident Review in PASRR.

For additional information on PASRR please feel free to visit the PASRR Technical Assistance Center or P-TAC at www.pasrrassist.org.

Idaho Peer Support Specialist training is accepting applications

By Jess Wojcik

Peer Support Specialist Trainings will be held from 8:30 a.m. - 5 p.m. on the following dates:

- **April 11-15, 2016** in Moscow at the Latah Recovery Center
- **May 23-27, 2016** in Blackfoot at State Hospital South
- **June 20-24, 2016** in Boise, location TBD

Please pass this opportunity along to anyone who may be interested in a career that will allow them to use their lived experience with mental illness to help others in their recovery.

Applications for the Blackfoot

training must be received by April 18, 2016, and by May 18, 2016 for the Boise training. The application deadline for the Moscow training has passed. Applicants who meet the minimum qualifications which are outlined within the application will receive an emailed invitation for a phone interview. Twenty-six trainees will be accepted into each training based on the qualifications and selection priorities outlined in the [Training Readiness Guide](#). The training fee is \$300, which includes all training materials but does not include travel, accommodations, or lunch. There are no scholarships

available for this round of trainings. By successfully completing the training and comprehension exam, individuals are eligible for certification through the Division of Behavioral Health and employment once certification has been granted. Visit the [Peer Support Specialist Training website](#) to learn more and download the application. Our goal for these trainings is to help fill the peer support workforce in rural and underserved areas of Idaho and we'd love to have applications from individuals who live in these locations. Contact Jess Wojcik with questions at 208-336-5533 or jwojcik@iannus.org.

Opportunities to Get Involved

Children's Mental Health Awareness Week Poster Contest

A poster contest is being held for Children's Mental Health Awareness Week. The theme is "May the Mental Health Force Be With You."

The maximum size for posters is 12"x 14".

Entry deadline is April 28th. Prizes for regional grade group winners. More information:

Cshotton@idahofederation.org or 433-8845.

Recovery Coach Trainings

New Recovery Coach trainings around the state are added regularly to the calendar on this site:

recoverycoaching.dhw.idaho.gov.

Regional Behavioral Health Board Contacts

Region 1

Panhandle District Health
Administrative Assistant
Mindy Leager,
mleager@phd1.idaho.gov

Region 2

Public Health – Idaho North
Central District
Perri Larson
plarson@phd2.idaho.gov

Region 3

Southwest District Health
Katrina Williams,
Katrina.Williams@phd3.idaho.gov

Region 4

Central District Health
Administrative Assistant

Alaina Hayden,
AHayden@cdhd.idaho.gov

Region 5

South Central Public Health
District
Administrative Assistant
Yvonne Humphrey,
yhumphrey@phd5.idaho.gov

Region 6

Community Resource
Development Specialist
Janae Andersen,
AnderseJ@dhw.idaho.gov

Region 7

Eastern Idaho Public Health
Administrative Assistant
Emily Tonks,
etonks@eiph.idaho.gov